BEFORE THE MEDICAL BOARD OF CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS STATE OF CALIFORNIA

In the Matter of the Accusation Against:)	
STEPHEN NICHOLES HORDYNSKI, M.D.)	MBC File # 09-2012-224388
Physician's & Surgeon's Certificate No. G 45188)	
Respondent.)	

ORDER CORRECTING NUNC PRO TUNC CLERICAL ERROR IN "RESPONDENT'S MIDDLE NAME" ON DECISION AND ORDER

On its own motion, the Medical Board of California (hereafter "board") finds that there is a clerical error in the "Respondent's Middle Name" of the Order Page of the Decision and Order in the above-entitled matter and that such clerical error should be corrected so that the license number will conform to the Board's issued license.

IT IS HEREBY ORDERED that the respondent's middle name contained on the Order Page portion of the Decision and Order in the above-entitled matter be and hereby is amended and corrected nunc pro tunc as of the date of entry of the decision to read "NICHOLES."

June 29, 2015

Jamie Wright, J.D., Chair

Panel A

BEFORE THE MEDICAL BOARD OF CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS STATE OF CALIFORNIA

In the Matter of the Accusation Against:)		
)		
STEPHEN NICHOLAS HORDYNSKI, M	.D.)	Case No.	09-2012-224388
Physician's and Surgeon's)		
Certificate No. G 45188)		
)		
Respondent.)		
)		

DECISION AND ORDER

The attached Stipulated Settlement and Disciplinary Order is hereby adopted by the Medical Board of California, Department of Consumer Affairs, State of California, as its Decision in this matter.

This Decision shall become effective at 5:00 p.m. on July 15, 2015.

IT IS SO ORDERED June 15, 2015.

MEDICAL BOARD OF CALIFORNIA

By: _

Jamie Wright, J.D., Chair

Panel A

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1 2 3 4 5 6 7 8	KAMALA D. HARRIS Attorney General of California THOMAS S. LAZAR Supervising Deputy Attorney General LORI JEAN FORCUCCI Deputy Attorney General State Bar No. 125345 110 West "A" Street, Suite 1100 San Diego, CA 92101 P.O. Box 85266 San Diego, CA 92186-5266 Telephone: (619) 645-2080 Facsimile: (619) 645-2061 Attorneys for Complainant				
10 11 12	MEDICAL BOARD OF CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS STATE OF CALIFORNIA				
13 14 15	In the Matter of the Accusation Against: STEPHEN NICHOLES HORDYNSKI, M.D. 2 West Fern Avenue Redlands, CA 92373	Case No. 09-2012-224388 OAH No. 2014070698 STIPULATED SETTLEMENT AND			
16 17	Physician's and Surgeon's Certificate No. G45188,	DISCIPLINARY ORDER			
18	Respondent.				
19	IT IS HEREBY STIPULATED AND AGRE	ED by and between the parties to the above-			
20	entitled proceedings that the following matters are t	rue:			
21	<u>PARTIES</u>				
22	1. Kimberly Kirchmeyer (complainant) is the Executive Director of the Medical Board				
23	of California (Board). She brought this action solel	y in her then-official capacity as the Interim			
24	Executive Director of the Medical Board of California, and is represented in this matter by				
25	Kamala D. Harris, Attorney General of the State of California, by Lori Jean Forcucci, Deputy				
26	Attorney General.				
27					
28	///				
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STIPULATED SETTLEMENT AND DISCIPLINARY ORDER (09-2012-224388)

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- 2. Respondent Stephen Nicholes Hordynski, M.D. (respondent), is represented in this proceeding by Raymond J. McMahon, Esq., whose address is: 100 Spectrum Center Drive, Suite 520, Irvine, California 92618.
- 3. On July 2, 1981, the Medical Board of California issued Physician's and Surgeon's Certificate No. G45188 to respondent Stephen Nicholes Hordynski, M.D. Physician's and Surgeon's Certificate No. G45188 was in full force and effect at all times relevant to the charges and allegations brought in Accusation No. 09-2012-224388, and will expire on February 28, 2017, unless renewed.

JURISDICTION

4. On August 8, 2013, Accusation No. 09-2012-224388 was filed before the Medical Board of California, Department of Consumer Affairs, and is currently pending against respondent. On August 8, 2013, a true and correct copy of Accusation No. 09-2012-224388 and all other statutorily required documents were properly served on respondent. On or about August 20, 2013, respondent timely filed his Notice of Defense contesting the Accusation. A true and correct copy of Accusation No. 09-2012-224388 is attached as Exhibit A and incorporated by reference as if fully set forth herein.

ADVISEMENT AND WAIVERS

- 5. Respondent has carefully read, fully discussed with counsel, and fully understands the charges and allegations in Accusation No. 09-2012-224388. Respondent has also carefully read, fully discussed with counsel, and fully understands the effects of this Stipulated Settlement and Disciplinary Order.
- 6. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in Accusation No. 09-2012-224388; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act, the California Code

of Civil Procedure and all other applicable laws, having been fully advised of same by his attorney of record, Raymond J. McMahon, Esq.

7. Having the benefit of counsel, respondent hereby voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

CULPABILITY

- 8. Respondent agrees that, at an administrative hearing, complainant could establish a *prima facie* case with respect to the charges and allegations in Accusation No. 09-2012-224388, and that he has thereby subjected his Physician's and Surgeon's Certificate No. G45188 to disciplinary action. Respondent further agrees to be bound by the Board's imposition of discipline as set forth in the Disciplinary Order below.
- 9. Respondent agrees that if an accusation and/or petition to revoke probation is filed against him before the Medical Board of California, or if he ever petitions for early termination or modification of probation, in any other proceeding before the Medical Board of California, all of the charges and allegations contained in Accusation No. 09-2012-224388 shall be deemed true, correct and fully admitted by respondent for purposes of any such proceeding or any other licensing proceeding involving respondent in the State of California.

CONTINGENCY

- 10. The parties agree that this Stipulated Settlement and Disciplinary Order shall be submitted to the Board for its consideration in the above-entitled matter and, further, that the Board shall have a reasonable period of time in which to consider and act on this Stipulated Settlement and Disciplinary Order after receiving it. By signing this stipulation respondent fully understands and agrees that he may not withdraw his agreement or seek to rescind this stipulation prior to the time the Board considers and acts upon it.
- 11. The parties agree that this Stipulated Settlement and Disciplinary Order shall be null and void and not binding upon the parties unless approved and adopted by the Board, except for this paragraph, which shall remain in full force and effect. Respondent fully understands and agrees that in deciding whether or not to approve and adopt this Stipulated Settlement and Disciplinary Order, the Board may receive oral and written communications from its staff and/or

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the Attorney General's office. Communications pursuant to this paragraph shall not disqualify the Board, any member thereof, and/or any other person from future participation in this or any other matter affecting or involving respondent. In the event that the Board, in its discretion, does not approve and adopt this Stipulated Settlement and Disciplinary Order, with the exception of this paragraph, it shall not become effective, shall be of no evidentiary value whatsoever, and shall not be relied upon or introduced in any disciplinary action by either party hereto. Respondent further agrees that should the Board reject this Stipulated Settlement and Disciplinary Order for any reason, respondent will assert no claim that the Board, or any member thereof, was prejudiced by its/his/her review, discussion and/or consideration of this Stipulated Settlement and Disciplinary Order or of any matter or matters related hereto.

ADDITIONAL PROVISIONS

- This Stipulated Settlement and Disciplinary Order is intended by the parties herein to be an integrated writing representing the complete, final and exclusive embodiment of the agreements of the parties in the above-entitled matter.
- The parties agree that copies of this Stipulated Settlement and Disciplinary Order, 13. including copies of the signatures of the parties, may be used in lieu of original documents and signatures and, further, that copies shall have the same force and effect as originals.
- In consideration of the foregoing admissions and stipulations, the parties agree the 14. Board may, without further notice to or opportunity to be heard by respondent, issue and enter the following Disciplinary Order:

DISCIPLINARY ORDER

A. PUBLIC REPRIMAND

IT IS HEREBY ORDERED that respondent Stephen Nicholes Hordynski, M.D.'s Physician's and Surgeon's Certificate No. G45188, shall be and is hereby Publically Reprimanded pursuant to California Business and Professions Code section 2227, subdivision (a)(4). This Public Reprimand, which is issued in connection with respondent's care and treatment of patient R.E. as set forth in Accusation No. 09-2012-224388, is as follows:

Between on or about August 19, 2009, through on or about November 6, 2009, you failed to provide care and treatment for patient R.E. in accordance with the standard of practice in the medical community, as more fully described in Accusation No. 09-2012-224388. In addition, during the time that you provided care and treatment to patient R.E., you failed to maintain complete, adequate and accurate medical records regarding the care and treatment provided to patient R.E., as more fully described in Accusation No. 09-2012-224388.

B. MEDICAL RECORD KEEPING COURSE

Within 60 calendar days of the effective date of this Decision, respondent shall enroll in a course in medical record keeping equivalent to the Medical Record Keeping Course offered by the Physician Assessment and Clinical Education Program, University of California, San Diego School of Medicine (Program), approved in advance by the Board or its designee. Respondent shall provide the program with any information and documents that the Program may deem pertinent. Respondent shall participate in and successfully complete the classroom component of the course not later than six (6) months after respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one (1) year of enrollment. The medical record keeping course shall be at respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

A medical record keeping course taken after the acts that gave rise to the charges in the Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board or its designee, be accepted towards the fulfillment of this condition if the course would have been approved by the Board or its designee had the course been taken after the effective date of this Decision.

Respondent shall submit a certification of successful completion to the Board or its designee not later than 15 calendar days after successfully completing the course, or not later than 15 calendar days after the effective date of the Decision, whichever is later.

Failure to participate in and successfully complete the medical records keeping course as outlined above shall constitute unprofessional conduct and grounds for further disciplinary action.

C. <u>CLINICAL TRAINING PROGRAM</u>

Within 60 calendar days of the effective date of this Decision, respondent shall enroll in a clinical training or educational program equivalent to the Physician Assessment and Clinical Education Program (PACE) offered at the University of California - San Diego School of Medicine (Program). Respondent shall successfully complete the Program not later than six (6) months after respondent's initial enrollment unless the Board or its designee agrees in writing to an extension of that time.

The Program shall consist of a Comprehensive Assessment program comprised of a two-day assessment of respondent's physical and mental health; basic clinical and communication skills common to all clinicians; and medical knowledge, skill and judgment pertaining to respondent's area of practice in which respondent was alleged to be deficient, and at minimum, a 40 hour program of clinical education in the area of practice in which respondent was alleged to be deficient and which takes into account data obtained from the assessment, Decision(s), Accusation(s), and any other information that the Board or its designee deems relevant. Respondent shall pay all expenses associated with the clinical training program.

Based on respondent's performance and test results in the assessment and clinical education, the Program will advise the Board or its designee of its recommendation(s) for the scope and length of any additional educational or clinical training, treatment for any medical condition, treatment for any psychological condition, or anything else affecting respondent's practice of medicine. Respondent shall comply with Program recommendations.

At the completion of any additional educational or clinical training, respondent shall submit to and pass an examination. Determination as to whether respondent successfully completed the examination or successfully completed the program is solely within the program's jurisdiction.

If respondent fails to enroll, participate in, or successfully complete the clinical training program within the designated time period, respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three (3) calendar days after being so notified. The respondent shall not resume the practice of medicine until enrollment or participation in the outstanding portions of the clinical training program have been completed.

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If the respondent did not successfully complete the clinical training program, the respondent shall not resume the practice of medicine until a final decision has been rendered on the accusation and/or a petition to revoke probation.

Failure to participate in and successfully complete all phases of the clinical training program as outlined above shall constitute unprofessional conduct and grounds for further disciplinary action.

ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order, and have fully discussed it with my attorney, Raymond J. McMahon, Esq., and having the benefit of counsel, enter into it freely, voluntarily, intelligently, and with full knowledge of its force and effect on my Physician's and Surgeon's Certificate No. G45188. I fully understand that, after signing this stipulation, I may not withdraw from it, that it shall be submitted to the Medical Board of California for its consideration, and that the Board shall have a reasonable period of time to consider and act on this stipulation after receiving it. By entering into this stipulation, I fully understand that, upon formal acceptance by the Board, I shall be publically reprimanded by the Board and shall be required to comply with all of the terms and conditions of the Disciplinary Order set forth above. I also fully understand that any failure to comply with the terms and conditions of the Disciplinary Order set forth above shall constitute unprofessional conduct and will subject my Physician's and Surgeon's Certificate No. G45188 to further disciplinary action:

DATED: 4/9/15

STEPHEN MICHOLES HORDYNSKI, M.D. Respondent

I have read and fully discussed with respondent Stephen Nicholes Hordynski, M.D., the terms and conditions and other matters contained in the above Stipulated Settlement and

Disciplinary Order. I approve its form and content

,2015

RAYMOND J. MCMAHON, ESQ

Attorney for Respondent

ENDORSEMENT The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Medical Board of California. Dated: 4.13.15 Respectfully submitted, KAMALA D. HARRIS Attorney General of California THOMAS S. LAZAR Supervising Deputy Attorney General Deputy Attorney General Attorneys for Complainant SD2013705512 71058714.doc

Exhibit A

Accusation No. 09-2012-224388

1	KAMALA D. HARRIS				
2	Attorney General of California THOMAS S. LAZAR Supervising Deputy Attorney General				
3	Lori Jean Forcucci	FILED STATE OF CALIFORNIA			
4	State Bor No. 125345 MEDIC	AL BOARD OF CALLEORNIA			
5	San Diego, CA 92101 P.O. Box 85266	TELEGEAR ANALYST			
6	San Diego, CA 92186-5266 Telephone: (619) 645-2080				
7	Facsimile: (619) 645-2061				
8	Attorneys for Complainant				
9					
10	BEFORE THE MEDICAL BOARD OF CALIFORNIA				
11	DEPARTMENT OF CONSUMER AFFAIRS STATE OF CALIFORNIA				
12					
13	In the Matter of the Accusation Against:	Case No. 09-2012-224388			
14 15	STEPHEN NICHOLES HORDYNSKI, M.D. 2 West Fern Avenue Redlands, CA 92373	ACCUSATION			
16	Physician's and Surgeon's Certificate No. G45188				
17	Respondent.				
18					
19	Complainant alleges:	TP.C			
20	PARTI				
21	1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official				
22	capacity as the Interim Executive Director of the M	ledical Board of Camorina, Department of			
23					
24	2. On or about July 2, 1981, the Medical Board of California issued Physician's and				
25	Surgeon's Certificate No. G45188 to Stephen Nicholes Hordynski, M.D. (respondent). The				
26	Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the				
27	charges brought herein and will expire on February 28, 2015, unless renewed.				
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JURISDICTION

- 3. This Accusation is brought before the Medical Board of California (Board), Department of Consumer Affairs, under the authority of the following laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.
 - 4. Section 2220 of the Code states, in pertinent part:

 "Except as otherwise provided by law, the board may take action against all persons guilty of violating this chapter." [Chapter 5, the Medical Practice Act.]
- 5. Section 2227 of the Code provides that a licensee who is found guilty under the Medical Practice Act may have his or her license revoked, suspended for a period not to exceed one year, placed on probation and required to pay the costs of probation monitoring, be publicly reprimanded, and ordered to complete relevant educational courses or have such other action taken in relation to discipline as the board or an administrative law judge deems proper.
 - 6. Section 2234 of the Code states:
 - "The board shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:
 - "(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter.
 - "(b) Gross negligence.
 - "(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.
 - "(1) An initial negligent diagnosis followed by an act or omission medically appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.

"(2) When the standard of care requires a change in the diagnosis, act,
or omission that constitutes the negligent act described in paragraph (1),
including, but not limited to, a reevaluation of the diagnosis or a change in
treatment, and the licensee's conduct departs from the applicable standard of
care, each departure constitutes a separate and distinct breach of the standard
of care.

- "(d) Incompetence.
- ٠٠ ,,
- 7. Unprofessional conduct under California Business and Professions Code section 2234 is conduct which breaches the rules or ethical code of the medical profession, or conduct which is unbecoming to a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine.
- 8. Section 2266 of the Code states:

"The failure of a physician and surgeon to maintain adequate and accurate records relating to the provision of services to their patients constitutes unprofessional conduct."

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

- 9. Respondent is subject to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of the Code, in that he committed gross negligence in his care and treatment of his female patient R.E., as more particularly alleged hereinafter:
- 10. On or about January 2009, patient R.E., first saw respondent at Beaver Medical Group (BMG), while she was in the late part of her first pregnancy. On or about January 19, 2009, patient R.E. had a normal spontaneous vaginal delivery by a different obstetrician without complication. Respondent saw patient R.E. for two post partum visits, on February 26, 2009 and

¹ Shea v. Board of Medical Quality Assurance (1978) 81 Cal.App.3d 564, 575.

on March 4, 2009. Respondent's charting of patient R.E.'s visits were scant and he failed to chart a plan for patient R.E.'s contraception in her medical record notes for her visits on February 26, 2009 and March 4, 2009.

- 11. Approximately four weeks after the delivery of her first baby, patient R.E. conceived again. She tested positive in a pregnancy test at the clinic on or about July 10, 2009. Her first prenatal visit occurred on or about August 13, 2009.
- 12. Respondent saw patient R.E. next on or about August 19, 2009, and at that time, he ordered an ultrasound. Patient R.E. complained to respondent of intermittent vaginal spotting, and was told by respondent that it was normal. Respondent informed patient R.E. that she might have a condition called partial placenta previa, but that it usually resolved later on in the pregnancy. If not, she might need a caesarian section. No other explanation was given to patient R.E. and respondent charted no notes of patient R.E.'s complaints of vaginal bleeding in her medical record of August 19, 2009.
- 13. Patient R.E.'s next visit was on or about September 24, 2009, at which time respondent charted positive fetal movement and fetal size consistent with the dates of conception.
- Respondent's next undated chart note described the result of that ultrasound test and he signed, but did not date, the formal ultrasound report, which showed the placenta to be posterior with total previa² noted on the first and second page of the report. Respondent transcribed the data from the report to patient R.E.'s antenatal pregnancy flow sheet, however, he failed to include the critical finding of placenta previa, and there was no formal problem list on the flow sheet that would alert a health provider who looked at her chart that patient R.E. had a potentially serious

² Placenta previa is a condition that occurs during pregnancy when the placenta is abnormally placed, and partially or totally covers the cervix. Normally, the placenta should develop relatively high up in the uterus, on the front or back wall. In placenta previa, the placenta develops in an abnormal location, low in the uterus, partially or totally covering the cervical opening. Later in pregnancy, when the lower part of the uterus begins to take on a new formation in preparation for delivery, and the cervix begins to efface and dilate, the attachments of the placenta to the uterus are damaged, resulting in bleeding.

problem with her pregnancy. Patient R.E. called respondent's office to learn of the results of the ultrasound test and was told that she would have been notified if there was a problem.

- 15. Patient R.E. did not keep her next appointments with respondent, which were scheduled for October 21, 2009, and October 29, 2009.
- 16. After patient R.E. missed her appointments, respondent did not contact her to inform her about her ultrasound test results, or to reschedule the missed appointments. Patient R.E. was not informed about her ultrasound test results or the potential ramifications of placenta previa.
- 17. On or about November 6, 2009, patient R.E. was seen at San Gorgonio Medical Hospital complaining of a gush of fluid and bleeding. An ultrasound was taken which showed a complete placenta previa, with minimal bleeding. Patient R.E. was transferred to Loma Linda University Medical Center, and, in her history and physical, she stated that she had had intercourse within 24 four hours of admission and the previous week. Patient R.E. began to bleed profusely and was taken to the operating room where she had a cesarean section delivery of a 635 gram³ female baby from the breech position with Apgar scores of 4 and 7.⁴
- 18. Respondent saw patient R.E. for two postpartum visits on November 18, 2009 and December 15, 2009. Patient R.E.'s baby remained in the Neonatal Intensive Care Unit (NICU) until March 31, 2010, where she was treated for prematurity syndrome and developed retinopathy and Chronic Obstructive Pulmonary Disease (COPD) associated with premature birth.
- 19. Respondent committed gross negligence in his care and treatment of patient R.E., which included, but was not limited to, the following:
- (a) On or about August 19, 2009, respondent failed to adequately inform patient R.E. about the diagnosis of placenta previa by providing her with precautions, including but not

³ One (1) gram equals 0.0022046 pounds, and therefore the baby's weight at birth, 635 grams, multiplied by 0.0022046, is equal to 1.399921 pounds.

⁴ The Apgar score is determined by evaluating the newborn baby on five criteria (appearance, pulse, grimace, activity, respiration) on a scale from zero to two, then adding the five values. The resulting Apgar score ranges from zero to 10. The test is generally done at one and five minutes after birth. Scores of 7 and above are generally normal, 4 to 6 are fairly low, and 3 and below are generally regarded as critically low.

limited to precautions about bleeding, intercourse, or contractions that could lead to hemorrhage and early delivery; and

(b) After receipt of patient R.E.'s ultra sound report, taken on or about October 2, 2009, respondent failed to inform patient R.E. about the diagnosis of complete placenta previa by providing her with precautions, including but not limited to precautions about bleeding, intercourse, or contractions that could lead to hemorrhage and early delivery.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

- 20. Respondent is further subject to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (c), of the Code, in that he committed repeated negligent acts in the care and treatment of patient R.E., as more particularly alleged hereinafter:
- 21. Paragraphs 9 through 19, above, are hereby incorporated by reference and re-alleged as if fully set forth herein.
- 22. Respondent committed repeated negligent acts in his care and treatment of patient R.E., which included, but was not limited to, the following:
- (a) On or about August 19, 2009, respondent failed to adequately inform patient R.E. about the diagnosis of placenta previa by providing her with precautions, including but not limited to precautions about bleeding, intercourse, or contractions that could lead to hemorrhage and early delivery;
- (b) After receipt of patient R.E.'s ultra sound report, taken on or about October 2, 2009, respondent failed to inform patient R.E. about the diagnosis of complete placenta previa by providing her with precautions, including but not limited to precautions about bleeding, intercourse, or contractions that could lead to hemorrhage and early delivery;
- (c) Respondent failed to keep complete, adequate or accurate records for patient R.E., in that he failed to include the critical finding of placenta previa, on her antenatal flow sheet, and/or failed to maintain a formal problem list on the flow sheet;
- (d) Respondent failed to accurately document patient R.E.'s medical records regarding discussions about contraception in order to plan the timing of future pregnancies;